

1-5-07

Docket No.: 4661-0114PUS1
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Sarman SINGH et al.

Application No.: 10/584,455

Confirmation No.: 4147

Filed: June 22, 2006

Art Unit: 1645

For: METHODS FOR DETECTION OF
MYCOBACTERIUM TUBERCULOSIS

Examiner: Not Yet Assigned

REQUEST FOR REFUND
(IMPROPER CHARGE OF DEPOSIT ACCOUNT)

MS 16
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I. REFUND REQUEST

This is a request for a refund with respect to the charge to Deposit Account 02-2448 shown on the statement for the month of December 2006 for the above-identified

☒ application

☐ patent

☒ A copy of the monthly statement in which the error referred to occurs, accompanies this request.

II. FEES CHARGED FOR WHICH REFUND REQUESTED

	AMOUNT OF REFUND <u>REQUESTED</u>
<input type="checkbox"/> filing fee	_____
<input type="checkbox"/> search fee	_____
<input type="checkbox"/> examination fee	_____
<input type="checkbox"/> surcharge for filing the basic filing on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	_____
and/or	
<input type="checkbox"/> surcharge for filing the oath or declaration on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	_____
<input type="checkbox"/> extension of term	
<input type="checkbox"/> first month	_____
<input type="checkbox"/> second month	_____
<input type="checkbox"/> third month	_____
<input type="checkbox"/> fourth month	_____
<input checked="" type="checkbox"/> excess claims	<u>200.00</u>
<input type="checkbox"/> issue fee	_____
<input type="checkbox"/> petition fee	_____

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- ☐ patent maintenance fee _____
- ☐ first maintenance fee _____
- ☐ second maintenance fee _____
- ☐ third maintenance fee _____
- ☐ patent maintenance fee surcharge _____
- ☐ Other: _____
- _____
- _____

TOTAL REFUND REQUESTED

\$200.00

III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

The total number of the independent claims are three (3), claims 1, 2, and 11, as claim 12 depends from claim 2.

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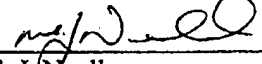
IV. MANNER OF REFUND

Please make refund by crediting Account No. 02-2448.

We respectfully request that the attached copy of this letter be returned to us with an indication that the credit has been processed.

Dated: January 5, 2007

Respectfully submitted,

By 
Mark J. Nuell
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Attachment(s)

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United States
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Trademark Office

Month: Dec-06
Account
Number: 22448

Name: STEWART
KOLASCH &
BIRCH

Attention:
GATEHOUSE

Address: E ROAD
FALLO

City: CHURCH

State: VA

Zip: 22042

Country: UNITED
STATES

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
20-Dec	1	10584455 4661-0114PUS1		1614	\$200.00	\$106,028.99

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